

CERTIFICATION OF WORK  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY060-01/02 Date of Visit: 3-19-20

Contractor Personnel on Site:

1. Chris Pothier
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

**Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)**

1. Air Handlers
2. Mini Splits
3. Condensing Units
4. Make up air Units

Inspection, Testing, and Certification

1. Filter Changes
2. Heat Pumps
3. Furnace
4. Vehicle Exhaust Removal

Other Recurring Services

1. Heat Exchanger
2. Cooling tower
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ATTACHMENT J-0200000-05  
FORMS**

### Over and Above Repair Work – Order Number and Description of Work Completed

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Chris Pothier Date: 3-19-20

Signed: Chris Pottier

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Michael Nloseman Date: 3/19/20

Signed: MPD Brown

E-Mail: Michael.Moseman.ctr@mail.com